

CYANIDE IN WHOLE BLOOD ANALYSIS REQUEST FORM

COMPLETE ALL INFORMATION

Submitter Name:		Submitter Organization:	
Mailing Address:			
City:		State:	Zip:
Phone:		E-mail Address:	
Secure Fax Number:			

State of Idaho
Bureau of Laboratories
2220 Old Penitentiary Rd.
Boise, ID 83712
208-334-2235



Customer Specimen ID	Collected by	Collection Date	Collection Time	Gender	Date of Birth	Tobacco Use Frequency	Known Chem Exposure?	Symptomatic Chem Exposure?	Laboratory Use Only		
									Lab Sample #	Bottle Type	Preservative

Special Instructions: _____

General Information

Optimal amount of specimen is at least 5 mL, minimum is 0.75 mL. Specimens must be collected in evacuated blood tubes containing EDTA or heparin anticoagulant. Headspace in the vacutainers should be minimized. Include two blank (empty) containers per lot of specimen containers submitted. Handle and store blank containers identical to specimens for testing. Store and transport specimens at $5 \pm 3^{\circ}\text{C}$. Package for transport according to IATA regulations.

LABORATORY USE ONLY

Temperature: _____ Shipper: _____ Number of Bottles / Sample: _____ Number of Samples / Order _____ Lab Order ID: _____

Date Received: _____ Time Received: _____ Received By _____ Revised 8/14/08